IDAHO DRIVER EDUCATION AND TRAINING
COMMERCIAL SCHOOL STUDENT LIST

School Name **Class Start Date** __/_____/____ Mo. Day Year **Class End Date** ____/_____/____ Mo. Day Year

	Driver License (DL) number (Use 9 digit number)	STUDENT NAME Last	First	Middle	BIRTH DATE	SEX	AGE	PASS	FAIL	Incomplete	Date	COMPLETED HOURS CLASS ROOM	BTW	OBS
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														

This student list is true and correct to the best of my knowledge and belief.

_____

PRINT NAME   SIGNATURE   Date

➔ Copy final list to local driver licensing agency within 3 business days after the **student(s) complete the course**.
➔ Return Failed permits to driver licensing within 3 business days **after the student fails**.

County Examiner Use
Date Received:

Entered by:

Date: